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PEOB 12B

United States District Court

FILED IN THE U.S. DISTRICT COURT EASTERN DISTRICT OF WASHINGTON

JUL 01 2005

for the

JAMES R. LARSEN, CLERK SPOKANE, WASHINGTO

Eastern District of Washington

Request for Modifying the Conditions or Term of Supervision with Consent of the Offender

(Probation Porm 49, Waiver of Hearing is Attached)

Name of Offender: Reylinda Liliana Alvarado

Case Number: 2:00CR02148-001

Name of Sentencing Judicial Officer: The Honorable Robert H. Whaley

Date of Original Sentence: 6/12/2001

Type of Supervision: Supervised Release

Original Offense: Robbery on an Indian Reservation,

Date Supervision Commenced: 10/27/2003

18 U.S.C. § 1153 and 2111

Original Sentence: Prison - 36 Months; TSR - 36

Date Supervision Expires: 10/26/2006

Months

#### PETITIONING THE COURT

To modify the conditions of supervision as follows:

- You shall complete a mental health evaluation and follow any treatment recommendations, including taking 15. prescribed medications, as recommended by the treatment provider. You shall allow reciprocal release of information between the supervising probation officer and treatment provider. You shall contribute to the cost of treatment according to your ability.
- You shall submit your person, residence, office, or vehicle to a search, conducted by a U.S. probation 16. officer, at a sensible time and manner, based upon reasonable suspicion of contraband or evidence of violation of a condition of supervision. Failure to submit to search may be grounds for revocation. You shall warn persons with whom you share a residence that the premises may be subject to search.
- You shall undergo a substance abuse evaluation and, if indicated, enter into and successfully complete an 17. approved substance abuse treatment program, including aftercare. You shall contribute to the cost of treatment according to your ability. You shall allow full reciprocal disclosure between the supervising probation officer and treatment provider.
- You shall abstain from the use of alcohol and illegal controlled substances, and shall submit to urinalysis 18. testing, including Breathalyzer testing, as directed by the supervising probation officer.
- 19. You shall participate in the home confinement program until a bed date is secured. You shall abide by all the requirements of the program, which (X) will () will not include electronic monitoring or other location verification system. You shall pay all or part of the costs of the program based upon your ability to pay. You are restricted to your residence at all times except for medical, substance a buse, mental health treatment, attorney visits, court appearances, court-ordered obligations, or other activities as pre-approved by the supervising probation officer.

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#### **CAUSE**

The petition for modification in the conditions of supervised release is made at the request of this officer and as agreed to by Ms. Alvarado, as noted in the attached waiver signed by the defendant. The basis for the request is that Ms. Alvarado has a history of illegal drug use and depression. Substance abuse testing/treatment and mental health counseling would allow for monitoring of these issues while on supervision. Additionally, home confinement with electronic monitoring would allow for close monitoring of the defendant.

Respectfully submitted,

Jose Vargas

U.S. Probation Officer

Date: June 30, 2005

### THE COURT ORDERS

[ ]	No Action
[]	The Extension of Supervision as Noted Above
	The Modification of Conditions as Noted Above
	Other

Signature of Judicial Officer

Date

►FROE 49 (3/89)

# **United States District Court**

## Eastern District of Washington

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

- You shall complete a mental health evaluation and follow any treatment recommendations, including taking prescribed medications, as recommended by the treatment provider. You shall allow reciprocal release of information between the supervising probation officer and treatment provider. You shall contribute to the cost of treatment according to your ability.
- 16. You shall submit your person, residence, office, or vehicle to a search, conducted by a U.S. probation officer, at a sensible time and manner, based upon reasonable suspicion of contraband or evidence of violation of a condition of supervision. Failure to submit to search may be grounds for revocation. You shall warn persons with whom you share a residence that the premises may be subject to search.
- 17. You shall undergo a substance abuse evaluation and, if indicated, enter into and successfully complete an approved substance abuse treatment program, including aftercare. You shall contribute to the cost of treatment according to your ability. You shall allow full reciprocal disclosure between the supervising probation officer and treatment provider.
- 18. You shall abstain from the use of alcohol and illegal controlled substances, and shall submit to urinalysis testing, including Breathalyzer testing, as directed by the supervising probation officer.
- 19. You shall participate in the home confinement program until a bed date is secured. You shall abide by all the requirements of the program, which (X) will () will not include electronic monitoring or other location verification system. You shall pay all or part of the costs of the program based upon your ability to pay. You are restricted to your residence at all times except for medical, substance abuse, mental health treatment, attorney visits, court appearances, court-ordered obligations, or other activities as pre-approved by the supervising probation officer.

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Witness:

Jose Valgas

U.S. Probation Officer

Signed \( \frac{1}{2} \)

Reylinda Liliana Alvarado

Probationer or Supervised Releasee

June 30, 2005

Date